

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 279  
Registrar's No. 58

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 42   |  | PRIMARY REG. DIST. NO. 1000  |  | Registrar's No. 58   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>BUCHANAN</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>ST. JOSEPH</u>  |  | c. LENGTH OF STAY (in this place)<br><u>3 DAYS</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>MOUND CITY</u>  |  | <u>0440</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI METHODIST HOSP.</u>  |  |   |  | d. STREET ADDRESS (If rural, give location)<br><u>MOUND CITY</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>GEORGE</u>   |  | a. (First) <u>GILLIS</u>  |  | c. (Last) <u>OLIN</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>1</u> <u>17</u> <u>1951</u>                |  |
| 5. SEX <u>MALE</u>   |  | 6. COLOR OR RACE <u>WHITE</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u>   |  | 8. DATE OF BIRTH<br><u>JULY 8, 1881</u>  |  |
| 9. AGE (In years last birthday)<br><u>69</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>CLERK</u>  |  | 11. BIRTHPLACE (State or foreign country)<br><u>MISSOURI</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME<br><u>ANDREW J. OLIN</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>CYNTHY GILLIS</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>ROSA MAY OLIN</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>NO</u>   |  | 16. SOCIAL SECURITY NO.<br><u>495-01-4569</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>ROSA MAY OLIN MOUND CITY, MO.</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Infarct</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Congestive Heart Failure</u><br>DUE TO (c) <u>Generalized Arteriosclerosis</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>4500</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Immediate</u><br><u>6 mos.</u><br><u>Years?</u> |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>               |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>50</u> , to <u>Jan 17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 16</u> , 19 <u>51</u> , and that death occurred at <u>6:00</u> A. m., from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>Robert H. Conrad M.D.</u>   |  | 23b. ADDRESS<br><u>St. Joseph, Mo.</u>  |  | 23c. DATE SIGNED<br><u>Jan 17, 1951</u>  |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   |  | 24b. DATE<br><u>1-19-1951</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>MOUND CITY CEMETERY</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>MOUND CITY, MO.</u>                |  |
| DATE REC'D BY LOCAL REG.<br><u>Jan. 18, 1951</u>   |  | REGISTRAR'S SIGNATURE<br><u>Carl E. Cooper</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>James H. Crawford MOUND CITY, MO.</u>   |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 27 1968

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*James L Crawford*

Licensed Embalmer No. *4796*

P. O. Address *Thousand City, Tex*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.